Fill in this Information to identify the case:

Debtor 1 _INTERNATIONAL HERITAGE, INC_
First Name   Middle Name   Last Name

Debtor 2 _____
(Spouse, if filing) First Name   Middle Name   Last Name

United States Bankruptcy Court for the: _EASTERN_ District of _NORTH CAROLINA_
(State)

Case number: _98-02675_

FILED

MAR 2 9 2021

STEPHANIE J. BUTLER, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF NC

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)[1] named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	$1,297.18
Claimant's Name:	BEVERLY MARIE BRUBAKER
Claimant's Current Mailing Address, Telephone Number, and Email Address:	5486 S. VERSAILLES WAY AURORA, CO 80015 720.308.8821 BNJBRU@MSN.COM

2. Applicant Information

Applicant[2] represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

☒ Applicant is the Claimant and is the Owner of Record[3] entitled to the unclaimed funds appearing on the records of the court.

☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.

☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).

☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

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[1] The Claimant is the party entitled to the unclaimed funds.
[2] The Applicant is the party filing the application. The Applicant and Claimant may be the same.
[3] The Owner of Record is the original payee.

4.   Notice to United States Attorney

☒   Applicant has sent a copy of this application and supporting documentation to the United States Attorney,
pursuant to 28 U.S.C. § 2042, at the following address:

United States Attorney for the
Eastern District of North Carolina
150 Fayetteville Street,
Suite 2100, Raleigh,
NC 27601

5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.	**5. Co-Applicant Declaration (if applicable)** Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.
Date: MARCH 22, 2021	Date: _____
Beverly Marie Brubaker Signature of Applicant	_____ Signature of Co-Applicant (if applicable)
BEVERLY MARIE BRUBAKER Printed Name of Applicant	_____ Printed Name of Co-Applicant (if applicable)
Address: 5486 S. VERSAILLES WAY AURORA, CO 80015	Address:
Telephone: 720.308.8821	Telephone: _____
Email: BNJBRU@MSN.COM	Email: _____
6. Notarization STATE OF ___Colorado___ COUNTY OF ___Arapahoe___ This Application for Unclaimed Funds, dated 03 / 22 / 2021 was subscribed and sworn to before me this 23rd day of March , 20 21 by Beverly Marie Brubaker who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal. (SEAL) Notary Public _____ My commission expires: 01/25/2025	**6. Notarization** STATE OF_____ COUNTY OF_____ This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this_____day of_____, 20_____by _____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal. (SEAL) Notary Public_____ My commission expires:

CRISTINA GUADALUPE TAPIA CASTELLANOS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214003090
MY COMMISSION EXPIRES 01/25/2025